

BALLAST WATER FEE RETURN

DUE ON OR BEFORE			
[FOID]	YOUR ACCOUNT NO.		

BOARD OF EQUALIZATION
ENVIRONMENTAL FEES DIVISION
PO BOX 942879
SACRAMENTO CA 94279-6001

BOARD USE ONLY

RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING**

GENERAL INFORMATION

Existing law authorizes the State Lands Commission to impose a fee on owners or operators of vessels for the purpose of funding a program for the management of ballast water discharge. The State Board of Equalization is authorized to collect the fee for deposit into the Marine Invasive Species Control Fund. The fee is due from the owner or operator of a vessel every time that vessel arrives at a California port from a port outside of California.

FILING REQUIREMENTS

This return must be filed, and the fees paid to the State Board of Equalization on or before the last day of the calendar month following the end of the return reporting period. Schedule A must be completed to provide the information requested for each vessel that arrived at a California port from a port outside of California during the reporting period.

FILING INSTRUCTIONS

Please complete Schedule A, attached. List, in date order, all vessels that arrived at a California port from a port outside of California during the reporting period. Each such arrival is a voyage that is subject to the ballast water management fee. Enter the total number of voyages subject to the fee in Box A and carry that number forward to line 1 on the return. Multiply line 1 by line 2 to determine the amount due.

PAYMENTS BY ELECTRONIC FUNDS TRANSFER (EFT)

If you are registered to pay by EFT, please remember that:

- A payment is considered to be timely if it is both initiated on or before the due date **and** if the funds transfer into the Board of Equalization's bank account on the first banking day following the day the payment is initiated.
- Making your payment by EFT does not relieve you of the requirement to file your return by the due date.

Note: The reporting due dates and filing requirements have not changed.

If you would like to file your return by fax, our fax number is 916-327-0859. If you are not registered to pay by EFT and would like to be, please contact us at 916-322-9534.

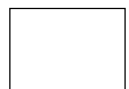
			Round cents to the nearest whole dollar	
1. Number of vessel voyages subject to the Ballast Water Management Fee for the month (from Box A on Schedule A)	1.			
2. Rate of fee per voyage	2.	\$		
3. Total amount due (multiply line 1 by amount shown on line 2)	3.	\$.00
4. Penalty [multiply line 3 by 10% (0.10) if payment is made after due date]	PENALTY 4.	\$		
5. INTEREST: One month's interest is due on the total fee for each month or fraction of a month that payment is delayed after the due date. The adjusted monthly interest rate is	INTEREST 5.	\$		
6. TOTAL AMOUNT DUE AND PAYABLE (add lines 3, 4, and 5)	6.	\$.00

I hereby certify that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

PRINT NAME AND TITLE	SIGNATURE	TELEPHONE NUMBER ()	DATE
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Make check or money order payable to State Board of Equalization.

Always write your account number on your check or money order. Make a copy of this document for your records.



SCHEDULE A - BALLAST WATER FEE SCHEDULE

DATE OF ARRIVAL IN CALIFORNIA	VESSEL NAME	LLOYD'S NUMBER	PORT OR PLACE OF ARRIVAL IN CALIFORNIA (First port or place only)	PORT PRIOR TO ARRIVAL IN CALIFORNIA
1.				
2.				
3.				
4.				
5.				
6.				
7.				
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30.				
31.				
32.				

TOTAL VOYAGES
Enter the total number of
voyages subject to the fee
and carry this amount to Line 1
on the front of the return.

BOX A